A PLEA
FOR A
PRO-MATERNITY HOSPITAL.

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In youth or early manhood one plans enterprises and hopefully embarks upon projects which in old age are put aside as visionary or Utopian; no one blames Youth for so planning and projecting, not even Age. *La jeunesse vit d'espérance, la vieillesse de souvenir.* Youth lives on hope and old age on remembrance, and a reversal of the *rôles* would be unfitting, even grotesque. So in the infancy of the twentieth century it is permissible to suggest schemes which in the old age of the nineteenth might have been characterised as vain or stigmatised as chimerical. The young century is full of hope and it is not ashamed: *la jeunesse vit d'espérance.* The cure of cancer, the prevention of the preventable (but yet not prevented) diseases, the laying of the spectre of morbid heredity, the "suppression of the weeds to give the flowers a chance"; these are some of the hopes in the beating heart of the twentieth century, and the faint echoes of "fantastic," "imaginary," "impossible," from the nineteenth do not cause it to beat less high. As the years roll on it may be necessary to confess to partial failure; it will assuredly be necessary to revise the plans of procedure—it will probably be found, for instance, to be better to try to turn the weeds into flowers rather than to suppress them; but who shall dare, in full remembrance of what has been accomplished in the past century, to set limits to the progress to be achieved in the present?

In the sphere of medicine one of the most noteworthy and praiseworthy advances of the nineteenth century was the birth and coming of age of scientific gynæcology; it is difficult to realise that in 1801 ovariotomy was unknown and special hospitals for the treatment of gynæcological diseases undreamed of, and yet these are solid facts. The advances in the sister subject of obstetrics were also numerous, if not so startling; there were improvements in the construction of instruments and in the mode of their use, there was the discovery of the real nature of puerperal fever and of means for preventing it, and there was the growth of correct views as to the management and internal arrangements of the maternity hospital consequent upon the recognition of the value of antisepsis and asepsis. But there was one department of obstetrics in which the same degree of progress could hardly be reported—that, namely, of the pathology of pregnancy. At the end of the past century obstetricians were still in doubt as to the real nature of eclampsia gravidarum, of hyperemesis gravidarum, of the malignant jaundice of pregnancy, of hydramnios, of hydatid mole, and of most of the idiopathic diseases of the fœtus, and of many of the causes of fœtal death; at the best they were but slowly seeking after the truth, being much hampered by the absence of reliable information concerning the physiology of pregnancy, and more especially the physiological chemistry of pregnancy. The condition of the urine of the pregnant woman, its toxicity, the changes in her blood, the modifications in her nervous system, the state of her thyroid gland, the cause of the physiological vomiting of pregnancy, the origin of the liquor amnii, the nature of the placental interchanges, the physiology of the fœtus, the interrelation of the life of the mother and the fœtus—these and many other matters were imperfectly known or merely guessed at in the nineteenth century. Was it strange or inexplicable that eclampsia or hyperemesis continued to claim their many victims—mothers and fœtuses—and that most obstetricians were in almost complete ignorance as to the state of matters in the gravid uterus, and found it safest to make their diagnosis of the health or disease or deformity of the uterine contents after their expulsion? Of course the fœtal heart was listened to, and a few conclusions drawn therefrom, and there was a certain degree of accuracy attained in the palpation of fœtal parts; but antenatal diagnosis was far from exact, and it was indeed little attempted.

The question may now be fairly asked if we in the twentieth century are going to be contented with the knowledg (or ignorance) of the nineteenth in these matters of the physiology and pathology of pregnancy, with the maintenance of the *status quo ante?* I suppose obstetricians everywhere will agree that no such easy contentment is possible or to be thought of with the maternal mortality from eclampsia what it is, and with the number of abortions and antenatal deaths and malformations what it is. This being so, the next question is whether with the methods and material at our disposal we are making all the progress that is possible, and whether any further means can be suggested for the perfection of antenatal diagnosis and its certain concomitant, the improvement of antenatal therapeutics? I think it must be admitted that we are not making all possible haste towards the solution of the many problems of prenatal diagnosis and treatment, and I think that there is a means of investigation which has not yet been tried, at least not yet attempted on a large scale and in a systematised fashion. Herein lies the plea for the pro-maternity hospital.

The pro-maternity hospital need not be a separate establishment; it may quite well be an annexe of the Maternity; in time it may come to be of equal size with the Maternity, but it must be distinct from the Maternity; it will be for the reception of women who are pregnant but who are not yet in labour. In the first place, doubtless it will be for the reception of patients who have in past pregnancies suffered from one or other of the many complications of gestation, or in whose present condition some anomaly of the pregnant state has been diagnosed; but in time it may be taken advantage of by more or less normal ambulants, working women for example who ought to rest during the last weeks of pregnancy, but who are unable from financial reasons to do so, and by the patients who clamour for admittance to our maternities, but who are told to come back again when the "pains have begun." It is worth while for us to realise that practically no provision is made in existing hospitals for pregnant women. In general hospitals cases of morbid pregnancy (for example, hyperemesis gravidarum) are sometimes received and treated, but mostly under protest, lest there occur a birth in the wards. In maternities pregnant women are not welcome much before the full term of gestation, for obvious or easily-ascertained reasons. Such patients would be received into the pro-maternity; it would be their special hospital. When labour pains came on they would be transferred to the adjoining Maternity, and it would therefore be advisable that the two buildings communicated by a covered way, for example, a system of linked hospitals.

The idea of a pro-maternity hospital has been forced into my mind by several circumstances during the last few years, but more particularly by communications which I have received from medical men in various parts of this country and the United States. In these communications the particulars of cases of antenatal disease and deformity were stated and an opinion asked for with regard to possible plans of treatment. In some I was able to give advice, in others I had to confess that I had little or nothing to propose, but in all I could not help wishing that I knew of a hospital where the case could be placed and scientifically investigated.

The first case which powerfully impressed me was one of recurrent abortion—so-called "habitual" miscarriage—in which there was no evident and sufficient cause for the tendency which the uterus had, on the slightest provocation, or on really no provocation at all, to expel its contents. Had the patient been in circumstances that would have permitted it, I should have recommended her to go into a nursing home for the dangerous period in pregnancy, and not only have treatment with potassium chlorate, but have also her various excretions and functions thoroughly investigated, so as, if possible, to ascertain the cause of the special "uterine irritability." Another patient who might have benefited by such a hospital as I imagine the pro-maternity might be was the subject of hyperemesis gravidarum which terminated fatally after the contents of the uterus had been expelled.

I cannot help thinking that the investigation of such cases in the pro-maternity might lead to the adoption of a more scientific method of management than the artificial induction of abortion which, of course, entails therapeutic fœticide. In fact, one of the principles of the pro-maternity would be the conservation of fœtal life, although, of course, not at the ex-

pense of maternal safety; the result aimed at would be the continuance of the pregnancy with safety to the mother: that would be the ideal. Then there have been several cases of albuminuria in pregnancy, all of which would, I am certain, have been fit and proper patients for the pro-maternity; several of them developed eclampsia, and in one of them albumen appeared in the urine for the first time the night before the convulsions manifested themselves. In a pro-maternity we might be able to study with scientific exactness not only the pre-eclamptic but also the pre-albuminuric modifications of the urine, and we might also discover the relationship which exists between the absence of normal thyroid hypertrophy and the presence of albumen in the urine. In one of the cases of eclampsia that I have met with during the last twelve months the urine kept for nine months without showing any signs of putrefaction and without giving any positive results on the ordinary culture media; this case would have been a suitable one for such scientific investigation as could have been given to it in a pro-maternity.

The cases to which I have referred were instances of the pathology of pregnancy in which the maternal factor was of primary importance, and in which the treatment aimed at the safety of the mother; but there were others in which it was antenatal therapeutics that came under consideration. There was the case of an alcoholic mother who had given birth to an infant with congenital heart disease (persistence of the patency of the foramen ovale), and who was again pregnant; the obvious treatment was total abstinence from alcohol, a treatment which might have been carried out with some chance of success in a special hospital. There was the hæmophilic mother who had given birth to two hæmophilic male infants, and had suffered from dangerous *post-partum* hæmorrhage on each occasion, and who was given calcium chloride during the three last months of the third pregnancy, in the hope of preventing the *post-partum* bleeding, and perchance of benefiting the fœtus. There was the case of the woman who had given birth to a series of very large children, deadborn on account of their great size; in the pro-maternity the effect of variations in the maternal diet (as suggested by Prochownick and others) upon the bulk of the fœtus might be carefully tried. The same remark applies to cases of small pelvis in which a small infant might pass safely while a larger one would have to be sacrificed or be extracted prematurely, or born by the Cæsarean section at term. There was the case of the patient who had in previous pregnancies given birth to imbecile or mentally defective children, and to whom phosphorus was given, with the apparent result that the next infant was normal in these respects. Finally, there was the case of the woman, truly a monstripara, who had brought three monstrous fœtuses into the world, and had had several abortions; she was willing to do almost anything that might be recommended, in the hope of having a more satisfactory reproductive record; she would undoubtedly have entered the pro-maternity, even if but little hope of betterment were held out to her.

The number of cases which might be benefited by the systematic and scientific investigation of the bodily functions in pregnancy might easily be increased, but I have contented myself with a reference to the actual instances which have been brought under my notice recently; some of them—for example, the monstriparous patient—I have published; others—for example, the hæmophilic mother—will be published shortly by the medical men in whose practice they occurred.

I have emphasised the scientific value of such a hospital as the pro-maternity might be, but the more distinctly economic aspects are not to be lost sight of, especially if it be found to be true that working women who are able to rest for the last month or two of pregnancy give birth to larger and more healthy infants. I have not gone into the question of the management of this as yet imaginary hospital, nor into the matter of the medical staff; but from the scientific standpoint there would have to be every appliance for the perfection of antenatal diagnosis (skiagraphy, cephalometry), and one member of the staff would require to be a skilled physiological chemist. That there will be difficulties in the way may be expected; that the idea will be regarded as visionary or chimerical is certain, and will not surprise me, as it has been only by slow degrees that I have come to regard it as anything else. In the meantime this communication may be looked upon as a "*ballon d'essai*," the whole matter of the pro-maternity being still *in nubibus*.

ON A UTERUS WHICH CONTAINED ONE HUNDRED AND TWENTY FIBROIDS.

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IT is not uncommon to find twenty fibroids in a uterus, and in this JOURNAL (1899, vol. i, p. 839) I figured a uterus which contained one hundred and two.

In May, 1900, my colleague, Dr. Inglis Parsons, asked me to perform hysterectomy on a woman 34 years of age, who had been under his care for profuse bleeding due to fibroids. The patient was profoundly anæmic, in spite of the most careful and assiduous treatment indicated by the phrase "rest and drugs." It was evident to all who saw her that "surgical" treatment was a necessity. I removed the body of the uterus by the abdominal route, and left both ovaries and Fallopian tubes. She made an excellent and quick recovery.

The uterus had a peculiar oval shape, and measured 10 cm. in the vertical and 15 cm. in the transverse axis. On opening it I was surprised to find four sessile fibroids projecting into the cavity of the uterus, which had become so moulded to each other as to form facets on their contact surfaces such as are found in multiple gall stones. These fibroids were about the size of pigeon's eggs. The cut surfaces of the uterine wall was very thickly dotted with small rounded

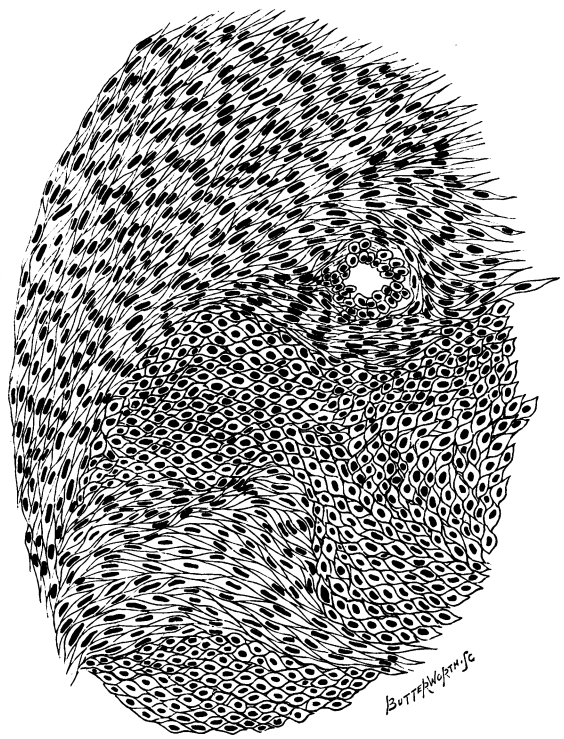

Fig. 1.—The minute structure of a seedling fibroid. The circular cells are spindles cut at right angles. This figure represents a complete section through the equator of an embryonic fibroid the size of a mustard seed.

fibroids. The specimen was then carefully hardened in methylated spirit, and complete sections were made by means of a sharp, thin, broad knife. The uterus was found to contain a multitude of fibroids, varying in size from a coriander seed to a cherry stone. From a careful computation of the tumours in the various sections, this uterus, which scarcely exceeded the dimensions of a fist, contained one hundred a